



Licensure Bureau

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

December 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Immanuel Lutheran Communities	Kalispell	Renovate existing nursing home facility	Over \$1.5 Million	9/30/16	Oct 2016	N	2/15/17	12/28/16		3/29/17		
<b>Interim Healthcare of Western Montana</b>	Missoula	Establish home health agencies in Mineral, Lake, and Ravalli counties	N/A	12/8/16								
<b>Libby Care Center</b>	Libby	Change of Ownership	N/A	12/7/16	N/A	N/A	N/A	N/A	N/A	NR	NR	NR

**LEGEND**

\* First-year operating cost HHA (may not be strictly comparable).

Name of facility in **BOLD** indicates a new request for report month.

**ASC** Ambulatory Surgical Center  
**CDU** Chemical Dependency Unit  
**CO** County  
**CR** Comparative Review  
**DEC** Decision  
**DISMISS** Appeal dismissed  
**FAC** Facility  
**HHA** Home Health Agency

**H** Hospital  
**IHS** Indian Health Service  
**LOI** Letter of Intent  
**LTC** Long-Term Care  
**MTH** Month of Notice  
**NH** Nursing Home  
**NR** Non-Reviewable Project  
**N/A** Not Applicable

**REC REQ** Reconsideration Hearing of Decision  
**REQ** Request  
**SNF** Skilled Nursing Facility  
**TBA** To Be Announced  
**TBI** Traumatic Brain Injury  
**10/10** Ten Bed/Ten Percent Rule (50-5-301, MCA)  
**N** Disapproval or No    **Y** Approval or Yes  
**DATES** Month/Day/Year